

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

**Summary Assignment -
Petition**

☐ with Special Administration

Case No. _____

Under oath, I state that:

1. The decedent, whose date of birth was _____, and date of death was _____, died domiciled in _____ County, State of _____, with a post office address of: _____.
2. The petitioner is interested as _____.
3. The estate of the decedent:
☐ qualifies for summary assignment without appointment of a personal representative.
☐ commenced under chapter 856, meets the requirements for termination under summary assignment of small estates.
4. The estate is one properly settled under summary assignment in that the estate, less the amount of the debts for which any property in the estate is security, does not exceed \$50,000 (date of death after May 8, 2000) or \$30,000 (date of death before May 9, 2000) in value and cannot be summarily settled under §867.01, Wis. Stat.
5. After reasonable search:
☐ a. a will dated _____ has been filed with the court.
☐ b. no will of the decedent has been found.
6. A detailed statement of property in which the decedent had an interest is as follows: ☐ **See attached.**

Description of Property	Value of Decedent's Interest at Date of Death
A. <u>Property in which decedent had an interest:</u>	
B. <u>Property over which decedent had a power of appointment:</u>	
C. <u>Benefits payable on decedent's death under annuities/retirement plan/life insurance:</u>	
D. <u>Joint and life tenancies:</u>	
E. <u>Gifts made in contemplation of death or taking effect upon death or made within 2 years prior to death:</u>	
F. <u>Any other property that may be subject to death taxes as the result of the decedent's death:</u>	

7. The names and addresses of all creditors of the decedent or the estate and the amounts of their claims are as follows:

Name of Creditor	Address	Claim Amount

8. The names and post-office addresses of all persons interested, so far as known to petitioner or ascertainable by the petitioner with reasonable diligence are as follows (indicate persons who are minors or otherwise under disability, and names and post-office addresses of their guardians):

Name	Relationship	Address	Minor's D. O. B.

9. The decedent :

☐ did ☐ did not receive medical assistance.
☐ did ☐ did not receive family care benefits (through a Care Management Organization – CMO).
☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.
☐ was ☐ was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county. If so, explain: _____

10. If the decedent was ever married, complete the following: ☐ If more than one spouse, see attached.

Name of spouse (☐ living or ☐ deceased): _____

☐ did ☐ did not receive benefits from the Community Options Program (COP).
☐ did ☐ did not receive benefits from the Wisconsin Chronic Disease Program.

☐ 11. It is necessary to appoint a special administrator with the following powers:

Based upon these statements, I request that the Court:

1. Assign the property to the persons entitled to it.
2. Order any person indebted to or holding money or other property of the decedent to pay the indebtedness or deliver the property to the persons found to be entitled to receive it.
3. Order the transfer of interests in real estate, stocks or bonds registered in the name of the decedent, the title of a licensed motor vehicle, or any other form of property.
4. Order termination of any life estate.
5. Certify the right of survivorship of any joint tenant for which a certificate has not been issued.
6. Certify that any interest of the decedent in survivorship marital property vested in the surviving spouse at death.
7. Order termination of any estate commenced under Chapter 856, discharge the personal representative and cancel any bond.

☐ 8. Appoint (name) _____, whose address is _____
as special administrator with the powers requested.

Subscribed and sworn to before me

on _____

Signature of Petitioner

Notary Public/Court Official

Name Printed or Typed

My commission expires: _____

Address

Telephone Number

Name of Attorney

Address

Telephone Number

Bar Number